

S JUDGE DANIELS

16 CV 2871

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKTahara Pye Mentuhote P

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

① NEW YORK City Police Dept② Police officer 3 Kolosie, ~~TARAS~~ TARAS③ Police officer 3 Clifford Hollywood  
Shield 13763④ P.O. Salvato

## COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial:  Yes  No

(check one)

U.S. DISTRICT COURT  
FILED  
2016 APR 18 PM 3:53  
S.D. OF N.Y.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Tahara Pye Mentuhote PID # N/ACurrent Institution N/AAddress 157 Belmont Ave - apt 11F  
Brooklyn, NY 11212

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Kolosie, TARAS Shield # \_\_\_\_\_Where Currently Employed Pet, 30Address 451 W. 151 ST, NY, NY 10031

Defendant No. 2

Name Clifford Hollywood Shield # 13763  
 Where Currently Employed Pct 30  
 Address 451 W. 151 st - NY, NY 10031

Defendant No. 3

Name Salvato Shield # \_\_\_\_\_  
 Where Currently Employed Pct 30  
 Address 451 W. 151 street  
NY, NY 10031

Defendant No. 4

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

On West 152 st + St. Nicholas Avenue  
NY, NY 10031

B. Where in the institution did the events giving rise to your claim(s) occur?

On 12-01-14 - 0240 : West 152nd Street &  
St. Nicholas Ave - NY, NY 10031

C. What date and approximate time did the events giving rise to your claim(s) occur?

On 12-01-14 about 0240 or 240 am

D. Facts: On 12-01-14, at 240 am, I was stop by Police office Klosie, TARRS for an Alleged Red light infraction, he stated that I crossed a Red light. Q Also that I had Allegedly been Drinking. Officer took Mr. Tahara Menthahope into Custody - In violation of my Constitutional Right of My Miranda warning - After the officer subjected me to Custodial interrogation he never gave, I had not received "Miranda Warnings" before being interrogated 330 U.S. 428.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

For plaintiff: NO

For Plaintiff: NO

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NONE

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No N/A Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No N/A Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No N/A

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No N/A

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_ N/A

2. What was the result, if any? \_\_\_\_\_ N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_ N/A

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed.

when and how, and their response, if any: \_\_\_\_\_

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

The Constitution and My Constitutional Rights are so fundamental in a Lawful Society, I hereby request the amount at \$60,000,000.00 sixty million dollars in Monetary Compensation so that this will not happen to Another American Citizen.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ *N/A*

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

On  
other  
claims

Yes  No  JM

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of 04, 2016

Tahara Pige Mentuhatep  
Tahara Mentuhatep

**Signature of Plaintiff**

Inmate Number

**Institution Address**

1970-1971

N/A

P.O. Box 1509

IV NV 100<sup>35</sup>

N, N 10055

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

## SHEET 1

Name of Prisoner (Last Name)		(First Name)	(M.I.)	Place of Occurrence:
MENTUHOTEP, TAHARQA - PIVE.				W/153 ST & St. MICHAEL AVE.
Sex <input checked="" type="checkbox"/> M	Race <input checked="" type="checkbox"/> Blk	Age <input checked="" type="checkbox"/> 64	Approx. Wt. <input checked="" type="checkbox"/> 175	Time & Date of Occurrence: <input checked="" type="checkbox"/> 12-01-14 0240.
Occupation: CUSTODIAN		How Many Years a Licensed driver?		Pct. of Occurrence: <input checked="" type="checkbox"/> 035.
Owner of Vehicle: (Last Name)		(First Name)	(M.I.)	Vehicle Registration
MENTUHOTEP, TAHARQA - P				<input checked="" type="checkbox"/> FEX 4578
Address: <input checked="" type="checkbox"/> 110 Box 1509		NY	NY	Year of Vehicle <input checked="" type="checkbox"/> 2005
Was there any evidence of Drugs or Alcoholic Beverages inside Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Describe:		State Reg: <input checked="" type="checkbox"/> NY
				Invoice #
Did Arresting Officer See Defendant Operate Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Did Civilian Witness See Defendant Operate Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, Witnesses	Last Name <input checked="" type="checkbox"/> JES SALVATO.	First Name	Address	
	Last Name	First Name	Address	

Other Evidence of Operation of Vehicle (Explain) i.e.: Keys in ignition, engine running, defendant behind wheel, etc?

DEF. WAS DRIVING.

## ARRESTING OFFICER'S OBSERVATIONS AT THE TIME OF ARREST (check word describing conditions observed)

BREATH	ODOR OF ALCOHOLIC BEVERAGES: <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input type="checkbox"/> STRONG				
COLOR OF FACE	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER (Describe):				
CLOTHES	<input type="checkbox"/> ORDERLY <input type="checkbox"/> MUSSED <input type="checkbox"/> SOILED <input type="checkbox"/> DISARRANGED <input type="checkbox"/> DISORDERLY				
ATTITUDE	<input type="checkbox"/> POLITE <input type="checkbox"/> EXCITED <input type="checkbox"/> ANTAGONISTIC <input type="checkbox"/> COCKY <input type="checkbox"/> CAREFREE <input type="checkbox"/> STUPOROUS <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> COMBATIVE				
ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPPING <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING				
EYES	<input type="checkbox"/> APPARENTLY NORMAL <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT				
BALANCE	<input type="checkbox"/> STEADY <input type="checkbox"/> SWAYING <input type="checkbox"/> SAGGING <input type="checkbox"/> FALLING				
SPEECH	<input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> INCOHERENT				

What first led arresting officer to suspect alcohol or drug influence?

ODOR OF ALCOHOLIC BEVERAGE ON BREATH.

Unusual actions or statements:

NONE

Signs of illness or injury:

NONE

DISTRIBUTION: WHITE - COURT

YELLOW - ARRESTING OFFICER

BLUE - HIGHWAY DISTRICT